DATE:		ı	NVLAP LAB COD	E:		
National Institute of Standards and Technology National Voluntary Laboratory Accreditation Program (NVLAP)						
ON-SI	TE ASSESSN	IENT RE	PORT SIGNA	TUR	E SHEET	
Lab Name						
Lab Address						
Field(s) of Accreditation						
Assessor Name(s) and S	Signature(s)					
On-Site Assessment Dat	es					
Type of Assessment (che	eck one):	nitial	Renewal	Mon	itoring	Other
	_					
Instructions for the Laboratory						
Respond in writing within 30 days of the date of this report, addressing all nonconformities documented by the assessor(s). All nonconformities must be satisfactorily resolved before accreditation may be granted. See page 2 for guidance and instructions on responding to nonconformities.						
The On-Site Assessment Report, the information supplied by you, and the results of any required proficiency testing will be reviewed by NVLAP with the assistance of technical experts as necessary. NVLAP is solely responsible for the content of this report and reserves the right to change the findings of the assessor(s), based on the results of this review. The final evaluation of your laboratory, for the purpose of deciding whether to approve or deny an initial or a renewal accreditation, will be conducted by NVLAP. It is the responsibility of the Authorized Representative to understand and respond with sufficient information within the required timeframe. Failure to respond may result in the suspension of your laboratory's accreditation or, in the case of a new laboratory, may delay an accreditation decision. Questions concerning this response should be directed to NVLAP.						
Send your response to:	NVLAP@nist.g	<u>ov</u>				
or by mail to:	NVLAP National Institut 100 Bureau Dri Gaithersburg, M	ve, Stop 214		JУ		
Signed Statement						
The assessor(s) has discussed the contents of this report with members of the laboratory management who agree to respond in writing to NVLAP, regarding resolution or correction of any nonconformities noted, within 30 days of the date of this report.						

Signature of Authorized Representative or designee

Printed Name

DATE: NVLAP LAB CODE:	DATE:
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Guidance and Instructions on Laboratory Responses

Resolving nonconformities

A laboratory's response shall include documentation that the specified nonconformities have been corrected and/or a plan of corrective actions. A corrective action plan must include a list of actions, target completion dates, and names of persons responsible for discharging those actions. All nonconformities must be satisfactorily resolved before accreditation may be granted. For accredited laboratories, this is interpreted to mean that nonconformities adversely affecting the outcome of calibrations or tests must be addressed and corrected immediately (within the 30 days). Evidence must be supplied which clearly demonstrates that actions taken fully resolve the nonconformities, thereby removing any concern as to the quality of results of the calibrations or tests conducted by the laboratory. In those cases where specified nonconformities do not directly affect the results of calibrations or tests, such as those related to record-keeping, NVLAP may accept a plan and a schedule, as previously described, as satisfactory resolution. When this occurs, laboratories are expected to submit sufficient objective evidence demonstrating that the nonconformities have, in fact, been resolved according to the schedule. All responses must be sent directly to the NVLAP office by e-mail (NVLAP@nist.gov) or by mail to the address shown on page 1.

Referencing nonconformities

Each nonconformity must be referenced in your response by the item number as it is listed in the appropriate checklist. Cite the requirement against which the nonconformity is stated and, where more than one nonconformity was recorded against the same requirement, either restate the specific nonconformity, or indicate to which test/parameter the response is related.

Objective evidence

The laboratory may ask for clarification of a nonconformity either during the closing meeting or from the appropriate NVLAP Program Manager. It is required that objective evidence be submitted as proof that a nonconformity has been effectively resolved. Such evidence includes updated procedures, uncertainty analyses (where appropriate), corrected/updated sections of the quality documents associated with a stated nonconformity, copies of completed records, corrective action reports, etc. NVLAP reviews all responses, with the assistance of appropriate technical experts as necessary, and is solely responsible for the final decision regarding the resolution of a nonconformity and for the granting of initial or renewal accreditation.

DATE:	NVLAP LAB CODE:			
ON-SITE ASSESSMENT NARRATIVE SUMMARY				
Laboratory Pers	Laboratory Personnel Present at Opening Meeting			
Please list below the names and posi	tions of those persons in attendan	ce at the opening meeting.		
Name	ame Position			
Labanatan Bar	annual Burnaut at Olasius M			
	sonnel Present at Closing Mo			
Please list below the names and pos		ice at the closing meeting.		
Name	Position			

DATE:	NVLAP LAB CODE:	

ON-SITE ASSESSMENT NARRATIVE SUMMARY

FOLLOW-UP ON PREVIOUS ON-SITE ASSESSMENT NONCONFORMITIES

Where relevant, the assessment team should follow-up on the findings from the previous on-site assessment and evaluate the effectiveness of the corrective actions taken. Please indicate on this page whether or not the outcomes of all corrective actions were reviewed, along with a brief commentary describing the team's observations with regard to the effectiveness of the actions reviewed.

DATE:		NVLAP LAB CODE:		
	ON-SITE ASSESSMENT NARRATIVE SUMMARY			
		NT OR REQUESTED SCOPE OF AC litions, Deletions, Modifications)	CCREDITATION	

DATE:		NVLAP LAB CODE:		
	ON-SITE AS	SSESSMENT NARRATIVE SUMN	IARY	
	MANAGEMENT REQUIREMENTS			
		4.1 ORGANIZATION		
		4.2 MANAGEMENT SYSTEM		

DATE:		NVLAP LAB CODE:		
	ON-SITE ASSESSMENT NARRATIVE SUMMARY			
	4.3 DOCUMENT CONTROL			
	4.4 REVIEW OF	REQUESTS, TENDERS AND CONT	TRACTS	

DATE:		NVLAP LAB CODE:	
	ON-SITE AS	SSESSMENT NARRATIVE SUMM	IARY
	4.5 SUBCONTRACTING OF TESTS AND CALIBRATIONS		
	4.6 PURC	CHASING SERVICES AND SUPPLIE	s

DATE:	NVLAP LAB CODE:			
ON-SITE	SSESSMENT NARRATIVE SUMM	IARY		
4	4.7 SERVICE TO THE CUSTOMER			
	4.8 COMPLAINTS			

DATE		NVLAP LAB CODE:		
	ON-SITE ASSESSMENT NARRATIVE SUMMARY			
	4.9 CONTROL OF NONCONFORMING TESTING AND/OR CALIBRATION WORK			
		4.10 IMPROVEMENT		

DATE:	NVLAP LAB CODE:		
ON-SITE ASSESSMENT NARRATIVE SUMMARY			
4.11 CORRECTIVE ACTION			
	4.12 PREVENTIVE ACTION		

DATE:	NVLAP LAB CODE:			
ON-SITE ASSESSMENT NARRATIVE SUMMARY				
4.13 CONTROL OF RECORDS				
	4.14 INTERNAL AUDITS			

DATE:		NVLAP LAB CODE:			
ON-SITE ASSESSMENT NARRATIVE SUMMARY					
	4.15 MANAGEMENT REVIEWS				
	Т	ECHNICAL REQUIREMENTS			
		5.1 GENERAL			

DATE:		NVLAP LAB CODE:			
	ON-SITE ASSESSMENT NARRATIVE SUMMARY				
	5.2 PERSONNEL				
			_		
	5.3 ACCOMMODA	ATION AND ENVIRONMENTAL COM	NDITIONS		

DATE:		NVLAP LAB CODE:			
	ON-SITE ASSESSMENT NARRATIVE SUMMARY				
	5.4 TEST AND CALIBRATION METHODS AND METHOD VALIDATION				
		5.5 EQUIPMENT			

DATE:		NVLAP LAB CODE:			
	ON-SITE ASSESSMENT NARRATIVE SUMMARY				
	5.6 MEASUREMENT TRACEABILITY				
		5.7 SAMPLING			

DATE:		NVLAP LAB CODE:			
	ON-SITE ASSESSMENT NARRATIVE SUMMARY				
	5.8 HANDLING OF TEST AND CALIBRATION ITEMS				
	5.9 ASSURING THE QUALITY OF TEST AND CALIBRATION RESULTS				

DATE:		NVLAP LAB C	ODE:	
ON-SITE ASSESSMENT NARRATIVE SUMMARY				
	5.10 RI	EPORTING THE RESUL	TS	
For each NVLAP Approved Signatory, record the following information: 1) the Signatory's position within the laboratory, 2) physical location from which the Signatory works, 3) whether the Signatory's performance was witnessed during the on-site assessment, and 4) whether training records for the Signatory were reviewed. Add additional sheets, if necessary.				
Name of Signatory	Position	Location (main facility or other premise – specify)	Was performance observed?	Were training records reviewed?

DATE:	NVLAP LAB CODE:			
ON-SITE ASSESSMENT NARRATIVE SUMMARY				
ANNEX A	ANNEX A. REFERENCING NVLAP ACCREDITATION			
ANNEX B. IMPLEMENTATIO	I OF TRACEABILITY POLICY IN ACCREDITED LABORATOR	IES		